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MEMORANDUM

TO: All Interested Parties

FROM: Leza Wainwright 

SUBJECT: Summary Version of Special Implementation Update #77

Please send any input or suggestions for the Summary version to us at ContactDMH@dhhs.nc.gov. Readers who want to view the Implementation Updates and other summaries may find them on our website at <http://www.ncdhhs.gov/mhddsas/servicedefinitions/servdefupdates/index.htm>; refer to the detailed version as the authority to avoid confusion.

Targeted Case Management for Individuals with Intellectual and Developmental Disabilities

- Pending written approval from the Centers for Medicare and Medicaid Services (CMS), the new weekly rate for targeted Case management for individuals with intellectual and developmental disabilities is \$62.26 per week with an anticipated effective date of August 1, 2010.
- To bill this weekly case rate, the case manager must provide at least 15 minutes of case management activity per week (assessment, person centered plan development, linkage/referral, monitoring). Although this is the minimum service provision required for billing, the case manager must provide all services necessary to meet the case management needs of the recipient.

Update on Mental Health/Substance Abuse Targeted Case Management

- Mental Health/Substance Abuse Targeted Case Management was implemented effective with date of service July 1, 2010 with a weekly case rate of \$81.25.
- Prior approval is required for this service.
- To bill this weekly case rate, the case manager must provide at least 15 minutes of case management activity per week (assessment, person centered plan development, linkage/referral, monitoring). Although this is the minimum service provision required for billing, the case manager must provide all services necessary to meet the case management needs of the recipient.

Critical Access Behavior Health Agency Monitoring: Outcome and Process Measures

- The implementation of Critical Access Behavioral Health Agency requirements is designed to improve the quality of care and likelihood of positive outcomes for consumers.
- Critical Access Behavior Health Agency-certified providers pass a rigorous review process in order to achieve that designation.
- In order to assure that Critical Access Behavior Health Agencies continue to meet quality-of-care and patient-outcome standards, an outcome-based monitoring protocol has been developed with input from consumers, families, Critical Access Behavior Health Agencies, and Local Management Entities, including Local Management Entity Medical Directors.
- The monitoring will address specific Critical Access Behavior Health Agency infrastructure requirements such as medical and clinical oversight and quality management and quality areas such as integration with physical health care and achievement of personal outcomes for consumers.

NOTE: refer to the full version of Implementation Update #77 to review the grid that lays out the general areas to be addressed and includes both outcome and process measures.

Critical Access Behavioral Health Agency Enrollment/Authorization/Billing Seminars

- Enrollment/Authorization/Billing seminars for Critical Access Behavior Health Agencies are scheduled for August 2010 at the sites listed in the full Implementation Update #77.

Authorizations Changes for Developmental Disability Targeted Case Management, Therapeutic Foster Care, Provisionally Licensed Providers: Albemarle Mental Health Center/East Carolina Behavioral Health Local Management Entity Merger

- East Carolina Behavioral Health and Albemarle Mental Health Center have merged.
- As of July 1, 2010, all authorizations for Developmental Disability Case Management, Therapeutic Foster Care, and services provided by provisionally licensed providers for recipients that were previously enrolled with the Albemarle Mental Health Center will now be transferred to East Carolina Behavioral Health's Medicaid Provider Number by ValueOptions.
- As of September 1, 2010, if ValueOptions receives a request with the Albemarle Mental Health Center Medicaid Provider Number, they will return it as "unable to process."
- All new prior authorization requests for services with effective dates July 1, 2010, and forward should be sent to ValueOptions with East Carolina Behavioral Health's Medicaid Provider Number.

Prior Authorization of Medicaid-funded Mental Health, Developmental Disability, Substance Abuse Services by The Durham Center and Eastpointe Local Management Entities

- As of September 20, 2010, Medicaid services for mental health, developmental disabilities, and substance abuse services will be reviewed for prior authorization by The Durham Center and Eastpointe Local Management Entities **for their respective catchment areas only**.
- All Local Management Entities will continue to authorize State funded services as is their current practice.
- As of the 20th of September 2010, all providers for recipients with eligibility within The Durham Center's catchment area (Durham County) will be required to submit requests for initial and concurrent authorization for mental health, developmental disabilities, and substance abuse services to The Durham Center for prior authorization.
- All providers for recipients with eligibility within Eastpointe's catchment area (Duplin, Lenoir, Sampson, and Wayne Counties) will be required to submit requests for initial and concurrent authorization for mental health, developmental disabilities, and substance abuse services to Eastpointe for prior authorization.
- This change will only apply to providers delivering services to **recipients with eligibility** in those catchment areas.

- **Information Regarding Mediation and Appeals**

- ValueOptions and the Local Management Entities will be responsible for mediation and appeals of cases that each has reduced or denied.
- ValueOptions will still be responsible for all mediation and appeals of requests that ValueOptions has reduced or denied, even if the date of the mediation or appeal is after September 20, 2010.
- Questions about maintenance of service can be directed to the Utilization Review vendor (ValueOptions: 1-888-510-1150, The Durham Center: 919-560-7100, or Eastpointe LME: 1-800-913-6109) who made the reduction or denial decision.

Update on New Prior Authorization Guidelines for Outpatient Behavioral Health Service Providers, Provisionally Licensed Providers Billing “Incident to” a Physician or through the Local Management Entity, and Critical Access Behavioral Health Agency’s Direct-Enrolled Licensed Professionals

- **Prior authorization procedures for provisionally and direct enrolled licensed therapists have changed.** Refer to the full version of Implementation Update #77 for additional information regarding the following topics.

North Carolina Systemic, Therapeutic, Assessment, Respite, and Treatment Program (NC START) Annual Report

- NC START provides community based crisis prevention and intervention services for people with intellectual and developmental disabilities when they experience crises due to mental health or complex behavioral health issues.
- There are 6 NC START clinical teams across the state; 2 teams per region (Western, Central and Eastern).
- The clinical teams became fully operational in January of 2009.
- In addition to the clinical teams, NC START includes 3 respite homes, one per region. Each respite home contains 2 designated emergency respite beds and 2 planned respite beds.
- The first NC START annual report was submitted to the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services and the Division of State Operated Healthcare Facilities by the 3 regional NC START Directors.
- The report provides a summary of information regarding NC START activities during their first year of operation.
- The complete annual report can be found on the Division of Mental Health, Developmental Disabilities and Substance Abuse Services website on the Statewide Crisis Services page at http://www.ncdhs.gov/mhddsas/crisis_services/index.htm

Income and Family Size Information

- The Patient Protection and Affordable Care Act, the national health reform legislation, will have significant impact on mental health, developmental disabilities and substance abuse services in the coming years.
 - Many thousands of individuals will become Medicaid eligible under new guidelines which raise the income level for Medicaid eligibility to 133% of federal poverty and experts estimate that a large percentage of those new Medicaid recipients will have Mental Health, Developmental Disability and/or Substance Abuse service needs.
- We have looked at the income and family size data of the consumers we are currently serving with state funds to estimate how many of those individuals will become Medicaid-eligible under the new guidelines.
- In order to accurately estimate the future impact of the Patient Protection and Affordable Care Act, we must improve the quality and reliability of our income and family size data.
 - To that end, we are requesting Local Management Entities to work with their providers to **pay special attention to the income and family size information for every consumer served during the month of October 2010.**

- Income and who should be counted in the family should be determined based upon the guidelines attached to the full Implementation Update #77. The data collected on clients served in October 2010 will become the initial step for improved data integrity in the family income and size fields.
- Local Management Entity health information managers will receive information at the North Carolina Health Information Management Association conference to be held August 4, 2010 in Raleigh.
- Tentatively, the month of September 2010 will be used as a training period so that the Local Management Entities can train their providers on updating this information.
- A convenience sample of all clients served during October 1-31, 2010 will be utilized.

Memorandum of Agreement Update

- Recently, The Department of Health and Human Service, as well as the Centers for Medicare and Medicaid Services, have received complaints from providers that Local Management Entities are refusing to sign the Memorandum of Agreement of an already enrolled Division of Medical Assistance provider requesting to provide services in a nearby Local Management Entity.
- Effective immediately, if a provider which is actively endorsed to provide a Medicaid funded behavioral health service in one Local Management Entity area, makes a request to any Local Management Entity for a signed Memorandum of Agreement to render that service to recipients residing in the Local Management Entity area, the Local Management Entity to which the Memorandum of Agreement request is being made must sign the Memorandum of Agreement with the requesting provider within 10 business days.
- The request by the provider must be made in writing, accompanied by an existing standard agreement for those services, and sent by return receipt/certified mail. The Local Management Entity must respond in writing within the 10 day time period with a signed Memorandum of Agreement sent to the requesting provider by return receipt/certified mail.
- The purpose of the Memorandum of Agreement with the non-endorsing Local Management Entity is to ensure that the provider and the Local Management Entity acknowledge and document their respective roles and responsibilities regarding consumers from the non-endorsing Local Management Entity's catchment area.
- In cases in which the provider believes that a Local Management Entity has not complied with this guidance, the provider may contact the Division of Mental Health, Developmental Disabilities and Substance Abuse Services.
- Note that nothing in this policy is designed to obviate the provider's obligation to obtain a new site/service specific endorsement from another Local Management Entity if they begin operating from a new site.
 - This policy only pertains to providers delivering services from an endorsed site outside of a Local Management Entity's catchment area to consumers from that Local Management Entity.
 - If the provider is requesting endorsement for either a new site location and/or adding a new service at an existing site location, such a request would require a new endorsement and defer to the endorsement policy as currently is in place.

Unless noted otherwise, please email any questions related to this Implementation Update Summary to ContactDMH@dhhs.nc.gov.